

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005784

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 8

FILED FEB 26 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Camden</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Osage TWP.</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Camden</u>
Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>Camdenton</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Empire City Road</u>		d. STREET ADDRESS (If outside, give location) <u>Empire City Road</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Everett Ewing Snider</u>			4. DATE OF DEATH Month Day Year <u>Feb. 21 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 6-1904</u>
9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>2 15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Police Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Officer</u>	
11. BIRTHPLACE (City and state or country) <u>Paris Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Snider</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Everett</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucile Snider</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Mrs. Lucile Snider, Camdenton Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>3 days</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1958</u> , to <u>2/21/1962</u> and last saw her/him alive on <u>2/20/1962</u> Death occurred at <u>10:00</u> <u>PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth E. Matilem D.O.</u>		22b. ADDRESS <u>Camdenton, Mo.</u>	
22c. DATE SIGNED <u>2/24/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Feb. 24-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Blair Memorial Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Camdenton Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Robert H. Reed, Camdenton Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Feb. 24-1962</u>		26. REGISTRAR'S SIGNATURE <u>Zilpha Jraw.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.